# MARGIN RESERVED FOR BINDING

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. See instructions on back of certificate. should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

10330

| 1. PLACE OF DEATH  |                                  | 119  |
|--|----------------------------------|--|
| County Haward.   |                                  | Registration Dist. No. 191   |
| Village or City Elevat C   | ty, md.                          | NoSt., Ward  |
| Length of residence in city or town where                          | deeth occurred vrs 3 mg          | If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Iloland   |                                  | la   |
| (a) Residence: No. Euc   | catt City mel.                   | St, Ward.  |
| PERSONAL AND STATIST   | (Usual place of abode)           | If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE  | 5. SINGLE, MARRIED, WIDOWED,     | 21. DATE OF DEATH  |
| m  | OR DIVORCED (write the word)     | action 21 193 F  |
| 5a. If married, widowed, or divorced HUSBAND of                    | 1 2239                           | (Month) (Day) (Yeer)   |
| HUSBAND of<br>(or) WIFE of   |                                  | 22. I HEREBY CERTIFY, Thet I attended decessed from  |
|  |                                  | Oct 10 ,19 3 4, to Oct 2/ ,19 3 4  |
| 6. DATE OF BIRTH (month, day, and year)                            | uly 21, 1934                     | I last saw ham elive on Oet 20 ,19 7; death is said  |
| 7. AGE Years Months  | Days if LESS than I day,hrs.     | to have occurred on the date stated above, at _6, &0.H.m.  |
|  | ormin.                           | The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | 70-11                            | f  |
| SAWYER, BOOKKEEPER, etc  | 70000                            | Come fusion medales 1007   |
| work was done, es SILK MILL,<br>SAW MILL, BANK, etc                | Charles and the same of the same |  |
| U 10. Date deceesed last worked et                                 | 11. Total time (years)           |  |
| this occupetion (month and year)                                   | spent in this occupation         |  |
| 12. BIRTHPLACE (city or town)                                      | Val.                             | Other Contributory Canses of importance:   |
| (State or country)   | y local.                         |  |
| II 13. NAME melvin   | acra                             |  |
| 14. BIRTHPLACE (city or town)                                      |                                  | Name of operation Date of  |
| (State or country)   | rama                             | What test confirmed diegnosis? Was there an autopsy?   |
| 15. MAIDEN NAME Butha  | waters                           | 23. If death was due to externel causes (VIOLENCE) fill in also the following:   |
| 15. MAIDEN NAME Seutha  16. BIRTHPLACE (city or town)              |                                  | Accident, suicide, or homicide? Dete of injury, 19   |
| (State or country)   | uguna                            | Where did injury occur?  |
| 17. INFORMANT melvin a   | red                              | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.                               |
| (Address) Euro   | of City med!                     |  |
| 18. BURIAL, CREMATION, OR REMOVAL                                  |                                  | Menner of injury   |
| Place Physics Corner   | ) Dete 10 2 , 193 4              | Nature of injury   |
| 19. UNDERTAKER J.C. King   | Lactions &                       | 24. Was disease or injury in any way related to occupation of deceased?  |
| (Address) Expense  | City mich                        | If so, specify   |
| 20 FILED 60/22 1934 (1   | HI Firsell                       | (Signed) Team M.D.   |
| 20. TILLU-10-10-10-10-10-10-10-10-10-10-10-10-10-                  | Remistrar                        | (Addrage) - Clevel al mil  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

| Quethoun  | ADDITIONAL SI | PACE FOR FUR | THER STATEME | ENTS BY PHYSICI | AN<br>ter Filedunder |
|-----------|---------------|--------------|--------------|-----------------|----------------------|
| Fireef () | 2/1/35        |              |              | cus par such    | an freeze remon      |
|           |               |              |              |                 |                      |

| 1. PLACE OF DEATH   |                                       |
|---|---------------------------------------|
| County Registration Dist.   | No. 193                               |
| Village or City Mr. Savage No.  | St., Ward                             |
| (If death occurred in a hospital or institution, give its NAME instead  Length of residence in city or town where death occurredyrsmosds. How long in U.S. if of foreign birth?                                     | ad of street and number)              |
| 2 FILL NAME Willa- Way Berry  | J. VI                                 |
| (a) Residence: No. 1330-10 5t, U-w., Swashward glas W.C.  |                                       |
| (Usual place of abode) If nonresident give ci   | ty or town and State                  |
| PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF   | DEATH                                 |
| 3. SEX 3. SEX 3. SEX 4. COLOR OR RACE OR DLYORCED (write the ford)  4. COLOR OR RACE OR DLYORCED (write the ford)  (Month)  | (Day) (Yeer)                          |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. 1 HEREBY CERTIFY, THE   |                                       |
| 6. DATE OF BIRTH (month day and year) Way 8 1914   last saw h alive on  | , 19                                  |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at   | , 19; death is seld                   |
| The PRINCIPAL CAUSE OF DEATH and related causes of in were as follows:  |                                       |
| 8 Frade profession of particular  | Date of onset                         |
| SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and Pall and Andrews).  11. Total time (years) | 1/34                                  |
| work was done, as SILK MILL, SAW MILL, BANK, etc  | · ·                                   |
| O 10. Date deceased lest worked at this occupation (month and O 6 34 spent in this occupation wear)  11. Total time (years)  spent in this occupation.  | este                                  |
| 12. BIRTHPLACE (city or town) 5 C   | zed                                   |
| (State or country)  | <b></b>                               |
| 13. NAME Alex Chambers  |                                       |
| 14. BIRTHPLACE (city or town)   | Date of                               |
| What test confirmed diagnosis?  | Was there an autopsy?                 |
| 15. MAIDEN NAME  23. If death was due to external causes (VIOL ENCE) fill in als  Accident, suicide, or homicide?   | so the following:                     |
| O 16. BIRTHPLACE (city or town)  Accident, suicide, or homicide?  C (State or country)  | injury 101 1/, 19 4:                  |
| Where did injury occur? The Specify city of town,   | county and State)                     |
| 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or (Address) 1201 4. 1 ave . 4. W. Wash, . W.   | IN PUBLIC PLACE.                      |
| 18. BURIAL, CREMATION, OR REMOVAL SC 10 1 Manner of injury Quilly - account   | 4 0                                   |
| Place I short the land the Neture of injury martine lag un  | utifle)                               |
| 19. UNDERTAKER 24. Wes disease or injury in any way releted to occupation of  | f deceased?                           |
| (Address) (100 Verming ave. Wash. VI so, specify  | 0.4                                   |
| 20. FILED 10 8/34, 19 Thank Shipley (Signed) Cank On the Arghtrar. (Address)  | M. D.                                 |
| If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.  | · · · · · · · · · · · · · · · · · · · |

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| Example I  | 11            | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| Other contributory eauses of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |

| ADDITIONAL SPACE FOR F | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------------|---------|------------|----|-----------|
|------------------------|---------|------------|----|-----------|

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| BURNAU V. S.   |               |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

V. S. No. 1

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1 | 60 | 9 | 1. | 1) |
|---|----|---|----|----|
| 1 | U  | 0 | U  | 3  |

| 1. PLACE OF DEATH   |  |  |                              |                            | <u> </u>  |
|---|--|--|------------------------------|----------------------------|---|
|   | County Howard Village or City Lisbon     |  |                              | Registration Dist. No. 193 |   |
| 1/2   |  |  |                              | NoSt.,Ward                 |   |
|   | Length of rasid                          | ence in city or town where               | leath occurred 55            | (If<br>vrsmos              | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? |
| . ,   | . FULL NAN                               |  |                              | ghtwell.                   |   |
|   | (a) Residenc                             |  |                              |                            | St. Ward.   |
| a-van   |  |  | Lisbon<br>(Usual place of    |                            | If nonresident give city or town and State  |
|   |  | AL AND STATIST                           |                              |                            | MEDICAL CERTIFICATE OF DEATH  |
| 3. 1  | SEX                                      | 4. COLOR OR RACE                         |                              | (write the word)           | 21. DATE OF DEATH   |
| 5e  | Female  If married, widowe               |  | Ma                           | rried                      | October, 22, 1934. (Month) (Day) (Year)   |
| 50.   | HUSBAND of                               | Charles E                                | Bni cht                      | 7677                       | 22. HEREBY CERTIFY. That i attended deceased from   |
| -   |  |  |                              | 11011                      | OCT 2 V, 1934, to OCT 7 V, 1934   |
|   |  | month, day, and year) 18                 |                              | 1 141 500 41               | I last saw h alive on 19 ; death is said  |
| 4. /  | AGE Years                                | s Months                                 | Days                         | If LESS than  1 day,hrs.   | to have occurred on the date stated above, at 402m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance                  |
| -   |  | 8. Trade, profession, or particular      |                              |                            | were as follows:  |
| NO  | kind of wo                               | ork done, as SPINNER,<br>BOOKKEEPER, etc | Housewit                     | fe ·                       | Coversiones position  |
| OCCUPATION  | 9. Industry or h                         | usiness in which                         | . 6 A JE John we. 56 11 au a |                            | 0   |
|   |  | done, as SILK MILL,<br>, BANK, etc       |                              |                            |   |
| 00  | 10. Date deceased<br>this occup<br>year) | d lest worked at<br>ation (month end     | 11. Total tip                |                            |   |
|   | year/                                    |  |                              | pation                     | Other Contributory Causes of Importance:  |
| .12.  | (State or count                          |  | rick Co.                     |                            | Prior Carimona of Brear   |
| 2   | I3. NAME                                 | ?  |                              |                            |   |
| FATHER  | 14 RIRTHPLACE                            | (city or town)                           |                              |                            | Name of operation au pulling Pringlete of 1930  |
|   | (Stata or o                              |  |                              |                            | What test confirmed diagnosis? Physical Reset Was there an autopsy? Mo  |
| MOTHER  | 15. MAIDEN NAM                           |  | Brightwe                     |                            | 23. If death was due to external causes (VIOLENCE) III in also the following:   |
| OT  | 16. BIRTHPLACE                           | (city of town)                           | derick (                     | Jo.                        | Accident, suicide, or homicide?, Date of injury, 19   |
| Σ   | (State or                                | country) N                               | aryland                      |                            | Whera did injury occur? (Specify city or town, county and State)  |
| 17. INFORMANT Charles E. Brightwell, (Address) Lisbon, Md.  |  |  |                              | ell,                       | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL CREMATION, OR REMOVAL PLACE PLACE OCT. 24, 19 34 |  |  |                              | 24, 19 34                  | Manner of injury  |
| 19.   | UNDERTAKER                               | 6.m. Ha                                  | et ins                       | - 1                        | 24. Was disease or injury in any way related to occupation of deceased?   |
| 20.   | FILEDER                                  | 23,1934 1                                | 1 mas                        | Registrar.                 | (Signed) C 1 M Van Toolem D.  (Address) War Quan Land   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |

UNFADING

|  | ST   | TATE OI                     | F MAR                | YLAND-                         | CERTIFICATE OF DEATH  |    |
|--|--|-----------------------------|----------------------|--------------------------------|---|----|
| 1  | County 2401  | 1                           |                      |                                | 107-a) Registration Dist. No. 191   |    |
|  | Village or City  | elication or town where dea | ath occurred.        |                                | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds. | ı  |
| 2  | (a) Residence: No.   |                             | have<br>(Usual place | ilet                           | St., Ward.  If nonresident give city or town and State  |    |
| de-min   | PERSONAL AND   | STATISTIC                   | CAL PARTI            | CULARS                         | MEDICAL CERTIFICATE OF DEATH  |    |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (gwrite the word) |  |                             |                      |                                | 21. DATE OF DEATH (Month) (Day) 193 3 44 (Year)   | _  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of July 10, 1934         |  |                             | ly 10,               | 1934                           | 22. 1 HEREBY CERTIFY, That I attanded decaased from  193, to 193, 193, 193, 193, 193, 193, 193, 193,  | 1  |
|  | DATE OF BIRTH (month, day, AGE Years   | Months                      | Days                 | If LESS than                   | to have occurred on the data stated above, at   |    |
|  |  | 2                           | M                    | 1 day,hrs.                     | The PRINCIPAL CAUSE OF DEATH and related causes of Importance   |    |
| NOI  | 8. Trada, profassion, or par<br>kind of work dona, a<br>SAWYER, BOOKKEEP                             | s SPINNER,                  |                      | ormin.                         | were as follows:  Date of onse  Oate of onse  | -> |
| OCCUPATION   | 9. Industry or business in<br>work was dona, as SI<br>SAW MILL, BANK, et                             | LK MILL,                    |                      |                                |   | -  |
| 8  | 10. Data deceased last work this occupation (mon- year)  | th and                      | sp3                  | ima (years) nt in this upation | Other Contributory Causes of importance:  | -  |
| 12.  | BIRTHPLACE (city or town).   | A Share                     | ut Ex                | ty M                           |   | -  |
| HER  | 13. NAME Russ  | ellDo                       | Asey                 |                                |   |    |
| FATI   | 13. NAME Russell Daysey  14. BIRTHPLACE (city or town) Ellisable City  (State or country) Many Curry |                             |                      |                                | Name of operation Oate of Was thera an au'opsy?   |    |
| MOTHER   | 15. MAIOEN NAME Mantha Bentley 16. BIRTHPLACE (city or town) Desiglation of                          |                             |                      |                                | 23. If death was due to external causas (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?, 19   | -  |
|  | (Stata or country)   | Harry                       | and (                | a yna,                         | Where did injury occur? (Specify city or town, county and State)  | -  |

CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLAINLY, 19. UNOERTAKER V. S. No. 1 B

(Address)

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

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|--|---|--|------------|
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| Chronic interstitial nephritis   | 1921  | Run over by street car                   | 1 week ago |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis                              | 3 days ago |
| Other contributory causes of importance:                                       |   | Other contributory causes of importance: |            |
| Gallstones   | May 1,1923  | Gastroenteritis                          | 1 year     |
|  |   |  | 1 gour     |

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| STATE OF MARYLAND-   | CERTIFICATE OF DEATH  |
|--|---|
| 1. PLACE OF DEATH  |   |
| county Soward County   | Registration Dist. No.  |
| Village or City Lessupo Aud.   | NoSt., Ward   |
|  | If death occurred in a hospital or institution, give its NAME instead of street and number)  s,ds. How long In U.S. if of foreign birth?yrsmos,ds |
| 2. FULL NAME James D. Du   | t   |
| (1) 10 11 11 11 11 11 11 11 11 11 11 11 11   | L - St., Ward,  |
| (a) Residence: No./) 4 4 Non Cana ust Art  | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Wale white Tadower   | 21. DATE OF DEATH Outstes 3, 193 (Month) (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Hogan  | 22. SHEREBY CERTIFY That attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year) / wq. 5. 18 55   | I last saw h alive on October 3934; deeth is sai  |
| 7. AGE Years   Months   Days   If LESS than  | to have occurred on the date stated above, at 30 m.   |
| 79 1 28 1 day,hr   | were as follows:  |
| Trade, profession, or particular kind of work done, as SPINNER,  | Date of once  |
| SAWYER, BOOKKEEPER, etc. AND COM ME SCHOOL   | Whom & Dright Usease / year   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc, Multiple of work was done, as SILK MILL, SAW MILL, BANK, etc |   |
| Q 10./Date deceased last worked at 11. Total time (years)  |   |
| this occupation (month and year) spent in this occupation  |   |
| 12, BIRTHPLACE (city or town) Balto Mid.   | Other Contributory Causes of Importance:  |
| (State or country)   |   |
| 13. NAME John Aust   |   |
| 14. BIRTHPLACE (gity or town) Balto Mid-   | Name of operation   |
| (State of Country)   | What test confirmed diagnosis? Was there an autopsy?  |
| 15. MAIDEN NAME Shisan Mal   | 23. II death was due to external causes (VIOLENCE) fill in also the following:  |
| 15. MAIDEN NAME Susau Mual  16. BIRTHPLACE (city or town) Balto Mud.  (State or country)                             | Accident, suicide, or homicide?   |
| ∑ (State or country)   | Where did injury occur? (Specify city or town, county and State)  |
| 17. INFORMANT IIIsa Darald Woods<br>(Address) Jussip Mid.  | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner ol injury  |
| Plece returned Cluste Date / 19 0  | Nature of injury  |
| 19. UNDERTAKER fred. H. / Kraguse + Low  | 24. Was disease or injury in any way related to occupation of deceased?   |
| (Address) 70 3- 10 5 11- Hayoner St  | - If so, specily  |
| 20, FILED LOT 473 479 Thank Shipley Registrat.   | (Signed) M. (Address) / 27 9 Della / M.   |
| Kegatrar.  | , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| 1000   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
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| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA | AN |
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| 1. PLACE OF DEA  | тн                      | 2                              |                      | ——— (#9)  | DEATH  | 10000            |
|--|-------------------------|--------------------------------|----------------------|---|--|------------------|
| County Voz   | word                    | Co.                            |                      |   | Registration Dist. No.   | 191              |
| Village or City  | Elipas                  | aath accurred                  | (li                  | No.  death occurred in a hospital or institution, ds. How long in U.S. if of fore | give its NAME instead of street an                                 |                  |
|  | 7 /                     |                                | 4-0                  | 5 /   | ogn biittiryr5   | _mosas.          |
| 2. FULL NAME   | dongo                   | NA N                           | landel               | Hanris  |  |                  |
| (a) Residence: No  | Sis                     | (Usual place                   | ville !              | Ward.   | If nonresident give city or town a                                 | 10.              |
| PERSONAL AN  | D STATISTI              |                                |                      |   | TIFICATE OF DEATH  |                  |
| 3. SEX 4. COLO   | R OR RACE               | S. SINGLE, MARI<br>OR DIVORCED | (write the word)     | 21. DATE OF DEATH   | ct 17  | , 193 H          |
| 5a. If married, widowed, or divo   | rced                    | Navi                           | yar                  | - (1V)  | onth) (Day)  | (Year)           |
| HUSBAND of<br>(or) WIFE of   | No.                     | V                              |                      | 22. OLL 3 195   | 10 -   | ed deceased from |
| 6. DATE OF BIRTH (month, da  | y, and year) be         | very 7                         | 1934                 | I last saw h elive on   | Oct 16 19/3  | L; death is said |
| 7. AGE Years   | Months                  | Days                           | If LESS than         | to have occurred on the date stated abo   | ve, at. 1.3.D.P.m.   |                  |
|  | 1 5                     | 10                             | l day,hrs.<br>ormin. | The PRINCIPAL CAUSE OF DEATH and were as follows:                                 | d related causes of Importance                                     | Date of onset    |
| 8. Trade, profession, or pa  | articular<br>as SPINNER | 71                             |                      |   |  | Date of onest    |
| kind of work done,<br>SAWYER, BOOKKEE  |                         | Stanl                          |                      | Lastro-6  | nterited   | Det 10           |
| 9. Industry or business in work was done, as   | SILK MILL.              |                                |                      | (   |  | 1934             |
| kind of work done, SAWYER, BOOKKEE  9. Industry or business in work was done, as: SAW MILL, BANK, or 10. Date deceased last work was done, business in work was done, as: SAW MILL, BANK, or 10. Date deceased last work was done, as: | ked at                  | 11. Total ti                   | me (years)           |   |  |                  |
| O this occupation (mo year)  | ntn and                 | ocan                           | tin this<br>pation   |   |  |                  |
| 12. BIRTHPLACE (city or town)  | Sum                     | psimo.                         | illo                 | Other Contributory Causes of importance   | e:   | Str              |
| (State or country)   | 21h                     | remile                         | nd.                  | Ty Smil   | retion   | 102              |
| II 13. NAME Jak  | m/ 94                   | mules.                         | ,                    |   |  |                  |
| 14. BIRTHPLACE (city or to   | Fl.                     | inle                           |                      | Name of operation   | Date of  |                  |
| (State or country)   | 50                      | ransl                          | and                  | What test confirmed diagnosis?  |  |                  |
| 当 15. MAIDEN NAME  | Fessil                  | Dofes                          | eu                   | 23. If death was due to external causes (   |  |                  |
| 16. BIRTHPLACE (city or to   | Cool                    | anill .                        | 201                  | Accident, suicide, or homicide?   |  |                  |
| 16. BIRTHPLACE (city or to   | mij                     | andle                          | ind                  | Where did injury occur?   | occession but of injury  | , 13             |
| 17. INFORMANT  | s Jeas                  | ie Ha                          | exect.               | Specify whether injury occurred in IND  | Specify city or town, county and S<br>USTRY, in HOME, or in PUBLIC | itale)<br>PLACE, |
| 18. BURIAL, CREMATION, OR F  | REMOVAL                 | D                              | 0                    | Manner of injury  |  |                  |
| Place The rector   | an Clan                 | Date Loc                       | 1-18.,19.34          | Nature of injury  |  |                  |
| 19. UNDERTAKER EAR   | stord                   | ans/                           | 1. Vad.              | 24. Was disease or injury in any wey rel  | ated to occupation of deceased?                                    | Ju               |
| 20, FILED 10/18  | 1934 101                | V Fine                         | Sel                  | (Signed)  | weed agt   | M. D.            |
|  |                         |                                | Registrar.           | (Address)   | 107 //   |                  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  | - 1          | Example II   |               |
|--|--------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:   |              | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915         | Attack of epilepsy   | 1 weck ago    |
| Chronic interstitial nephritis   | 1921         | Run over by street car   | 1 weck ago    |
| Cerebral hemorrhage  | July 5, 1927 | Peritonitis  | 3 days ago    |
| The second of th |              |  |               |
|  |              |  |               |
| Other contributory causes of importance:   |              | Other contributory causes of importance:                                       | Dulka de la   |
| Gallstones   | May 1,1923   | Gastroenteritis  | 1 year        |
|  |              |  |               |
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V. S. No. 1

of OCCUPA.

|  | CERTIFICATE OF DEATH 10337  |
|--|---|
| 1. PLACE OF DEATH  | (75)  |
| County forward   | Registration Dist. No. 190  |
| Village or City Elprode  | NoSt.,Ward  |
| Length of residence in city or town where death occurred 28 yrsmos.  | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? |
| 1.011. 0 lbo X   | Raciloni oi   |
| 2. FULL NAME Julyam / Co   |   |
| (a) Residence: No. (Usual place of abode)  | St. / Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  | 21. DATE OF DEATH (Month) (Dev) (Year)  |
| 5a. If married, widowed, or divorced HUSBANO of  |   |
| (or) WIFE of   | 22. I HEREBY CERTIFY, That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year) 2 t 4 1906   | l last saw h alive on 19 death is said  |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, et 1 a.m.  |
| 2 C 1 dey,hrs.   | The PRINCIPAL CAUSE OF DEATH and related ceuses of importence   |
| 8. Trade profession or particular  | were es follows:  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  |   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.  10-Date deceased last worked at this occupation (month and |   |
| 11. Total time (years)  this occupation (month and year)  12. Total time (years)  spent in this occupation  year)  |   |
| 12. BIRTHPLACE (city or town) Elfry fige (State or country)  | Other Coutributory Causes of Importance:  |
| 1 1000000000000000000000000000000000000  |   |
| E  |   |
| 4 14. BIRTHPLACE (city or town) (State or country)   | Neme of operation Date of   |
| H 15. MAIOEN NAME CONSTRUCTION   | What test confirmed diagnosis? Q.X. Was there an autopsy? Was there an autopsy?   |
| 15. MAIOEN NAME  16. BIRTHPLACE (city or town) A District (State or country)   | 23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?                    |
| (State of County)  | Where did injury occur?(Specify city or town, county and State)   |
| 17. INFORMANT (Address) Selfa and Mark   | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury  |
| Place Stephens Cem! Dete 10-10, 1954   | Nature of injury  |
| 19. UNDERTAKER & C. Heg'urbathous  | 24. Was disease or injury in eny way related to occupation of deceased?   |
| 20. FILED Set & , 1934 Quina & Million Registrar   | (Signed) Miller O! Kelly Ucting Ogramin. D  |
| If more blanks are needed, address State Registrar,  | 2411 N. Charles Street, Balimore, Requesting U. S. No. 2.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL SPACE FOR FURT | ER STATEMENTS BY PHYSICIAN |
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STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH should Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred statement How long in U.S. if of foreign birth?\_ RECORD. (a) Residence (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH EXACTL classified. (Month) (Day) (Year) 5a. If married, widowad, or divorcad HUSBAND of 22. I HEREBY CERTIFY, That I attended decaased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year properly stated 7. AGE Days If LESS than to have occurred on the date steted above, at \_\_\_\_\_ Tha PRINCIPAL CAUSE OF DEATH and reletad ceusas of importanca or .... min. Date of enset 8. Trade, profassion, or particular OCCUPATION kind of work done, as SPINNER. Jo SAWYER, BOOKKEEPER, atc .... plnoys may back 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Date dacaased last worked at no 11. Total time (yaars) this occupation (month and spent in this that instructions occupation \_\_ 80 12. BIRTHPLACE (city or tow supplied. (State or country) in plain terms. 13, NAME (State or country) be carefully What tast confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER important. 15. MAIDEN NAMED 23. If daath wes due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_, 19\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should verv OF Mannar of injury CAUSE mation NOIL Nature of injury 24. Was disaese or injury in any way ralated to occupetion of dacaased? 19. UNDERTAKER (Addrass) If so, spacify (Signad) (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | li            | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cercbral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |

V. S. No. 1

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| STATE OF  | MARYLAND-   | CERTIFICATE OF DEATH 10300  |
|---|---|---|
| 1. PLACE OF DEATH   |   | 97)   |
| County Howard -   |   | Registration Dist. No. 194  |
| Village or City Qaklan  | of Mills  | No. St. Was   |
| Langth of rasidence in city or town where death or  |   | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosd |
| 2. FULL NAME Amma   | Theren  | Schaetn   |
| (a) Residence: No.  |   | St Ward   |
|   | Usual place of abode)                             | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL  | PARTICULARS                                       | MEDICAL CERTIFICATE OF DEATH  |
|   | NGLE, MARRIED, WIDOWED, DIVORCED (write the word) | 21. DATE OF DEATH CLA 14 , 193 4 (Month) (Day) (Year)   |
| 5a. If merried, widowad, or divorcad<br>HUSBAND of  |   | (Month) (Day) (Year)  |
| (or) WIFE of Figure 1   | lel +   | 22. 1 HEREBY CERTIFY, That I attanded decaased fro  |
| D +   | in many   | 1934, to let 14 , 1934  |
| 6. DATE OF BIRTH (month, day, and year)   | 31,1863   | I last saw harman alive on West 1924; daath is sa   |
| 7. AGE Yaars Months   | Days If LESS than I day,hrs.                      | to heve occurred on the data stated above, at   |
|   | 13   ormin.                                       | Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importence ware as follows:  |
| 8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.   | usewife   | acute Autation of Heart act 14  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and | 0   |   |
| 10. Data deceased last worked at this occupation (month and year)   | 11. Total time (years) spent in this occupation   |   |
| 12. BIRTHPLACE (city or town)   |   | Other Contributory Causes of importance:  |
| (State or country)  | d.Co. Mdi   |   |
| II 13. NAME I homas 131   | aney  |   |
| 13. NAME Thomas But 14. BIRTHPLACE (city or town) (Stata or country)  | and.  | Name of oparetion Date of   |
| # 15. MAIDEN NAME Zalege  | SWINTER   | What tast confirmed diagnosis? Was there an au'opsy?  23. If daath was due to axternal causes (VIOLENCE) fill in also the following:      |
| 15. MAIDEN NAME Dalvell 16. BIRTHPLACE (city or town)   | 1-  | Accidant, suicide, or homicide? Date of injury  |
| (State or country) Montand  |   | Whare did injury occur? (Specify city or town, county and State)  |
| 17, INFORMANT 41 redessely (Address) Oakland W  | schotn fr   | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL   | 1-1-1-1   | Manner of injury  |
| Place St. Jonno Lens Date   | JCJ 18,19.34                                      | Nature of injury  |
| 19. UNDERTAKER LASTON Son   |   | 24. Was disease or injury in any way ralated to occupation of decaasad?   |
| (Muulass)   | My XVIA   | If so, specify  |
| 20. FILED ( 16 , 193 4 )  | Muchos  | (Signed) (Signed) M.  |
|   | Registrar.  | (Address) Classification My   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | -             | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |

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B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

|     | stat<br>UPA    |  |
|-----|----------------|--|
| (M) | 4 70           |  |
|     | shoul<br>of OC |  |

A PERMANENT RECORD. Every item

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

be

See instructions on back of certificate.

1 0 1

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# STATE OF MADVI AND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH   |   | IND              | CERTIFICATE OF BEATH   | 34()          |
|---|---|------------------|--|---------------|
| County Thoward  |   |                  | Registration Dist. No. 19  | 1             |
| Village or City Securit Ca  | ty mel  |                  | No. St   | Ward          |
| Length of residence in city or town where                         | leeth occurred 45 yrs                             | (If<br>mos.      | death occurred in a hospital or institution, give its NAME instead of street and nu- ds. How long in U.S. if of foreign birth?   | mber)         |
| 2. FULL NAME Manay  | ma J Le   | skeo             |  |               |
| (a) Residence: No. Eslasar  | (Usual place of abode)                            | nef:             | St., Ward.  If nonresident give city or town and St  | ale           |
| PERSONAL AND STATIST  | CAL PARTICULAR                                    | RS               | MEDICAL CERTIFICATE OF DEATH   |               |
| 3. SEX  4. COLOR OR RACE  TU.                                     | 5. SINGLE, MARRIED, WII<br>OR DIVORCED (write the | ne word)         |  | 193 3 4       |
| 5e. If married, widowed, or divorced HUSBAND of                   | 2   |                  | (Month) (Day)  | (Year)        |
| (Or) WIFE of Carlton R  | Sylves  |                  | 22. I HEREBY CERTIFY. Thet I attended de   |               |
| 6. DATE OF BIRTH (month, day, end year)                           | w.10,1863   |                  | , 19 %, to   | المر الآورو   |
| 7. AGE Years Months   |   | SS than          | to have occurred on the date stated above, et // m.  | Jeath is seid |
| 70 10   | / 3 1 day,_<br>or                                 | min              | The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:   |               |
| 8. Trede, profession, or particular                               | ,   |                  | 1 7 1 1  | Date of enset |
| kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc         | at Kome   |                  | Dule (aldear Delafation)   | Ce/23/2       |
| kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc         |   |                  |  |               |
| 10. Date deceased lest worked et this occupetion (month and year) | 11. Totel time (years spent in this occupation    | )                |  |               |
|   |   |                  | Other Contributory Causes of importance:   | 6             |
| 12. BIRTHPLACE (city or town)  (State or country)  Man            | y land:   |                  | The Manuel for   | J             |
| 13. NAME alvin 4. P.  | 20 Mens   |                  | The state of the s |               |
| I4. BIRTHPLACE (city or town)                                     |   |                  | Name of operation  |               |
| (State or country)  | wa.   |                  | Name of operation Date of<br>What test confirmed diagnosis? Was there en eut   | nnew? (-7     |
| 15. MAIDEN NAME and Reber   | ew Wright   | 200              | 23. If death was due to external causes (VIOLENCE) fill In elso the following:   | ,psy:52-      |
| 16. BIRTHPLACE (city or town)                                     | ·   |                  | Accident, suicide, or homicide? Date of injury   | 19            |
| (State or country)  | www.  |                  | Where did injury occur?  |               |
| 17. INFORMANT Parlton R (Address) Elizate C                       | to her.   |                  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  | e e           |
| 18. BURIAL, CREMATION, OR REMOVAL                                 |   | Manner of injury |  |               |
| Plece Landan Farm.  | Date 10 - 26                                      | ., 1934          | Nature of injury   |               |
| 19. UNDERTAKER J.C. His multo<br>(Address) & Der with             | ethom gr  |                  | 24. Was disease or Injury in any way releted to occupation of deceased?  |               |
| act 25.34 /199  | 14 issell   | ,                | (Signed) Thank O miller  | - M D         |
| 20, FILED, 19.  | R   | egistrar.        | (Address) Ellery at my   |               |

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|  |               |  |               |  |

|  | <br> |  |
|--|------|--|